Received Date………………………SMRL Lab No……..………………………………...

# SCOTTISH MYCOBACTERIA REFERENCE LABORATORY – FORM

|  |  |
| --- | --- |
| Microbiology Laboratory  Royal Infirmary of Edinburgh  Little France  51 Little France Crescent  Edinburgh  EH16 4SA | **Telephone numbers: -**  **Enquiries 0131-242-6016**  Dr. Ian F Laurenson, Director 0131-242-6079  Dr Olga L.Moncayo, Deputy 0131-242-6070  Dr Donald Inverarity, Deputy 0131-242 -6082  Pauline Claxton, BMS Team Manager 0131-242-6009  Laboratory 0131-242-6022  [Loth.Smrl@nhslothian.scot.nhs.uk](file:///C:\Users\louise.seagar\AppData\Local\Temp\5b1c8898-4279-421f-bfb6-dc1309d07937\Loth.Smrl@nhslothian.scot.nhs.uk) |

Patient’s Surname Forename Sex M / F

Home Address Date of Birth / /

Postcode

Country of Origin Race or Ethnic Group

Hospital or Clinic No. Laboratory Reference No

CHI Number

Patient’s Hospital……………………………………………….Patient’s Consultant………………………….

Sending Laboratory

Date of specimen (or received date) / / AFB Microscopy of specimen POS / NEG

Molecular results where done: Y/N If Y: Which test………..MTBc POS/NEG Rifampicin sensitive/resistant Isoniazid sensitive/resistant, Other comment:…………………………………………………………………

Sample Type: - Positive Culture  or Primary Specimen 

Specimen type/Isolation site

Antimicrobials at the time of sampling

Comments From Local Laboratory. ……. ……. ……. ……. ……. ……. ……. ……. ……. …….

The form below for SMRL use only

AP Film of Specimen = Neg + ++ +++

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Glycerol Date**  **…/……….** | **Pyruvate Date**  **…/……….** | | **MGIT/MB Date**  **…/……….** | **BA - NG ………………..** |
| **Sub to: -** | | **Date sub’d: -**  **/ /** | | **BA - Contaminated** |
| **ZN Result: - E B D S / M / L** | | | | **Sens required: -** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |  |
| Action |  |  |  |  |  |  |  |  |  |  |
| Date |  |  |  |  |  |  |  |  |  |  |
| Action |  |  |  |  |  |  |  |  |  |  |
| Date |  |  | |  | |  | | …………/…………./………. | | |
| Action |  |  | |  | |  | | Growth E or D | Pigment  Y / N | For SEQ |

|  |  |
| --- | --- |
| **Culture Identified as: -** | **Date: -…………./……………/……………** |